

CIA INTERNAL USE ONLY

SECRET

(When Filled In)

PERSONALITY (201) FILE REQUEST

TO RI/ANALYSIS SECTION		DATE 4 NOV 57	ACTION		
FROM RI/OC		ROOM NO. 2303 L	<input checked="" type="checkbox"/> OPEN	<input type="checkbox"/> AMEND	<input type="checkbox"/> CLOSE
		TELEPHONE 3255			

INSTRUCTIONS: Form must be typed or printed in block letters.**SECTION I:** List 201 number, name and identifying data in the spaces provided. All known aliases and variants (including maiden name, if applicable) must be listed. If the identifying data varies with the alias used, a separate form must be used. Write UNKNOWN for items you are unable to complete.**SECTION II:** List cryptonym or pseudonym, if assigned. If true name is sensitive, obtain 201 number from 201 Control Desk and complete Section I and Section III. On a separate form, enter the 201 number and complete Section II and Section III. Submit each form separately.**SECTION III:** To be completed in all cases.

SECTION I

SENSITIVE <input checked="" type="checkbox"/>		SOURCE DOCUMENT <input checked="" type="checkbox"/>	
NONSENSITIVE <input type="checkbox"/>			
NAME (Last)	(First)	(Middle)	(Title)
ALPERTCHIK,	Nikolai	Fyodorovich	
			SEX 3.
			<input type="checkbox"/> M <input type="checkbox"/> F

NAME VARIANT

TYPE NAME 2.	(Last)	(First)	(Middle)	(Title)
V	ALPERTCHIK,	Nikolai		
V	ALPERTSCHIK,	Nikolai		
V	ALPERTCHIK,	Nicholas		
DECLASSIFIED AND RELEASED BY CENTRAL INTELLIGENCE AGENCY SOURCES METHODSEXEMPTION 3B2B NAZI WAR CRIMES DISCLOSURE ACT DATE 2006				

PHOTO 4.	BIRTH DATE 5.	COUNTRY OF BIRTH 6.	CITY OR TOWN OF BIRTH 7.	OTHER IDENTIFICATION 8.
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	D 31 M 12 Y 17	USSR	GOMEL	1. <input type="checkbox"/> 2. <input type="checkbox"/> 3. <input type="checkbox"/>
OCCUPATION/POSITION				OCC/POS. CODE 9.

SECTION II

CRYPTONYM	PSEUDONYM

SECTION III

COUNTRY OF RESIDENCE 10.	ACTION DESK 11.	SECOND COUNTRY INTEREST 12.	THIRD COUNTRY INTEREST 12a.
AUST	EE/A		

COMMENTS:

PUNCHED

PERMANENT CHARGE		RESTRICTED FILE		SIGNATURE	
YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>		